



SUPPLEMENTAL APPLICATION: CONDITIONAL USE PERMIT FOR MEDICAL MARIJUANA BUSINESS

SUBMITTAL CHECKLIST

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS FORM

All items must be provided or the Planning Application and Supplemental Application will not be accepted for processing by the City.

- ☐ A completed Planning Application Packet for a Conditional Use Permit (CUP).
- ☐ A Background Clearance Letter and a Notice to Proceed Letter from the Community Improvement Division.
- ☐ A certified check, cashier's check or money order made payable to the City of Costa Mesa in the amount of \$27,508.00 to process a CUP application for a medical marijuana business.

NAME OF APPLICANT: _____

ADDRESS OF THE PROPERTY: _____

ANSWER EACH OF THE FOLLOWING QUESTIONS:

Yes No

- ☐ ☐ Is the parcel located north of South Coast Drive and west of Harbor, excluding any portion of the South Coast Collection site (addressed 3303-3323 Hyland Avenue)?
- ☐ ☐ Is the zoning for the site Planned Development Industrial (PDI) or Manufacturing Park (MP)?
- ☐ ☐ Is any part of the site located with 500 feet of any part of Moon Park, which is located at 3377 California Street?
- ☐ ☐ Do you own the property?
- ☐ ☐ Do you have a license from the State of California to operate a medical marijuana business?
If No, have you applied to the State of California for a license? ☐ Yes ☐ No

WHAT TYPE OF MEDICAL MARIJUANA BUSINESS WILL OCCUR AT THE SITE? CHECK ALL BOXES THAT APPLY TO YOUR PROJECT.

- | | |
|---|--|
| <input type="checkbox"/> Distribution Facility | <input type="checkbox"/> Research and Development Facility |
| <input type="checkbox"/> Manufacturing Facility | <input type="checkbox"/> Testing Facility |
| <input type="checkbox"/> Processing Facility | <input type="checkbox"/> Other (describe here): _____ |

OTHER REQUIREMENTS:

In addition to the Planning Application packet requirements, the following items must be submitted or shown on the project plans.

If all items are not shown or noted, the CUP application will not be accepted for processing

- ☐ Identify the operational purposes of each area of the facility on the floor plans.
- ☐ Describe the various types of manufacturing equipment that the facility will require and provide information regarding their purpose.
- ☐ Identify areas within any building(s) containing medical cannabis or medical cannabis products. These areas shall be identified as limited access areas accessible only to authorized medical marijuana business personnel.
- ☐ Identify areas that will be used to store and/or distribute products after production.
- ☐ Provide a Safety Plan, prepared by a qualified fire prevention and suppression consultant that includes, at a minimum, the following components:
 1. Provide details on the fire prevention, suppression, HVAC, odor control and alarm systems the facility will have in place.
 2. Provide an assessment of the facility's fire safety, considering all possible fire hazardous materials and inhalation issues/threats. Provide written and physical mechanisms in place to deal with each specific situation.
 3. Additional components may be added by the City during the CUP review process.

CONTACT US

City of Costa Mesa Development Services Department
77 Fair Drive 2nd Floor
Costa Mesa, CA 92626
Phone: (714) 754-5245
Hours: Monday through Friday: 8 a.m. to 5 p.m.

Email: planninginfo@costameseaca.gov
Website: www.costamesaca.gov